

## MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

TUBARI

2622009<sup>7</sup>9

## 1. Month of JANUARY 1, 2009 THRU JANUARY 31, 2009

- |     |  |                                    |                                    |     |
|-----|--|------------------------------------|------------------------------------|-----|
| 2.  | Is Outlet # (8 digit) Correct?   | <input checked="" type="radio"/> Y | N                                  | N/A |
| 3.  | Is average Total flow-gal.day stated in space provided?                    | <input checked="" type="radio"/> Y | N                                  | N/A |
| 4.  | Is max. Total flow-gal day stated in space provided?                       | <input checked="" type="radio"/> Y | N                                  | N/A |
| 5.  | Is method used to calculate water stated?                                  | <input checked="" type="radio"/> Y | N                                  | N/A |
| 6.  | Are number of working days stated?   | <input checked="" type="radio"/> Y | N                                  | N/A |
| 7.  | Are there any parameters which have exceeded PVSC Local Limits?            | Y                                  | <input checked="" type="radio"/> N | N/A |
| 8.  | Is proper compliance/non-compliance statement provided?                    | <input checked="" type="radio"/> Y | N                                  | N/A |
| 9.  | Have correct number of samples been submitted?                             | <input checked="" type="radio"/> Y | N                                  | N/A |
| 10. | Has PHC result been listed on MR-1 report?                                 | Y                                  | <input checked="" type="radio"/> N | N/A |
| 11. | Has sample number been reported in space provided?                         | <input checked="" type="radio"/> Y | N                                  | N/A |
| 12. | Have all regulated parameters been listed on MR-1?                         | <input checked="" type="radio"/> Y | N                                  | N/A |
| 13. | Has sample type been stated on MR-1?                                       | <input checked="" type="radio"/> Y | N                                  | N/A |
| 14. | Have all samples been taken during this reporting period?                  | <input checked="" type="radio"/> Y | N                                  | N/A |
| 15. | Has NJDEPE certified lab been used?  | <input checked="" type="radio"/> Y | N                                  | N/A |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | N                                  | N/A |
| 17. | Have results been written in space designated on MR-1?                     | <input checked="" type="radio"/> Y | N                                  | N/A |
| 18. | Is correct method used to preserve samples stated on MR-1?                 | <input checked="" type="radio"/> Y | N                                  | N/A |
| 19. | Has MR-1 been signed by authorized representative?                         | <input checked="" type="radio"/> Y | N                                  | N/A |
| 20. | Has information been submitted on proper MR-1 form?                        | <input checked="" type="radio"/> Y | N                                  | N/A |
| 21. | Remove Arsenic from report if sampling not required                        | <input checked="" type="radio"/> Y | N                                  | N/A |

## MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

First Reviewer: comments on deficiencies Complete

Date Reviewed 3/6/09 Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer J. Anderson

Second review comments on deficiencies \_\_\_\_\_

Date Reviewed \_\_\_\_\_ Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer \_\_\_\_\_

Date \_\_\_\_\_ Reviewer \_\_\_\_\_

## RETREATMENT MONITORING REPORT

FEB 18 2009

0.\*

DAYTON AVE BLDG - 4D - WEST PASSAIC, N.J.

32,323,500.++

SAME

NEW CIST ID: 2622-0079 07053

32,157,100.-

9999

OUTLET = OLD OUTLET: 2640 3071 36539-04

000

166,400.◇

u BERMAN

TELEPHONE #: 973-779-8600

166,400.x

DD

For Reporting Period

0.95=

Regulated Flow-gal/day

Average

Maximum

158,080.\*

1 09

Total Flow-gal/day

7123

7708

158,080.÷

AY YR.

Method used INDUSTRIAL GALLONS LESS 5% FOR

20.=

7,904.\*

ID

EVAPORATION, LESS DOMESTIC GALLONS  
DIVIDED BY 20 WORKING DAYS

7,904.x

cable)

1.1=

8,694.4\*

0.\*

|      |                    | MASS LIMIT OR CONCENTRATION |         |       | # OF SAMPLES | SAMPLE TYPE<br>COMPI/GRA |
|------|--------------------|-----------------------------|---------|-------|--------------|--------------------------|
|      |                    | AVERAGE                     | MAXIMUM | UNITS |              |                          |
|      | Measurement        | 50.00460                    |         | Mg/L  | 1            |                          |
|      | Requirement        | 5.9                         |         | Mg/L  | 1            | COMP                     |
| Zinc | Sample Measurement | 0.0154                      |         | Mg/L  | 1            |                          |
|      | Permit Requirement | 1.62                        |         | Mg/L  | 1            | COMP                     |
|      | Sample Measurement |                             |         |       |              |                          |
|      | Permit Requirement |                             |         |       |              |                          |
|      | Sample Measurement |                             |         |       |              |                          |
|      | Permit Requirement |                             |         |       |              |                          |
|      | Sample Measurement |                             |         |       |              |                          |
|      | Permit Requirement |                             |         |       |              |                          |
|      | Sample Measurement |                             |         |       |              |                          |
|      | Permit Requirement |                             |         |       |              |                          |
|      | Sample Measurement |                             |         |       |              |                          |
|      | Permit Requirement |                             |         |       |              |                          |
|      | Sample Measurement |                             |         |       |              |                          |
|      | Permit Requirement |                             |         |       |              |                          |

PVSC Form MR-1 Rev: 4 6/87 P1

Justification of Non-use if applicable (use additional sheets):

N/A

FEB 18 2009

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every

transfer used:

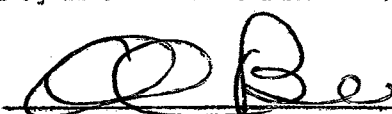
TUBARI LTD IS IN COMPLIANCE  
WITH LOCAL LIMIT METALS

Explain Method for preserving samples:

NITRIC ACID WITH A  
PH OF LESS THAN 2

I certify under penalty of law that this document and attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 52 FR 40610, October 17, 1985



Signature of Principal  
Executive or Authorized Agent

MARC BERMAN

Type Name and Title

2/16/09

Date

PVSC Form MR-1 Rev: 5 3/91 P2



# Analytical Report



MARC BERMAN  
TUBARI, LTD.  
90 DAYTON AVENUE  
BUILDING 4D WEST  
PASSIAC, NJ 07054

## Regarding:

MARC BERMAN  
TUBARI, LTD.  
90 DAYTON AVENUE  
BUILDING 4D WEST  
PASSIAC, NJ 07054

Account No: 000382, TUBARI, LTD.  
Project No: 000382, TUBARI, LTD.

P.O. No:  
PWSID No:

Inv. No: 1065339

Sample Number L2853289-1  
Sample Description DISCHARGE 24 HR COMPOSITE 1/20-21  
Sample Date/Time/Temp 01/21/09 03:15pm NA F  
Sampled by Customer Sampled  
Received Temp 34 F Iced (Y/N): Y

| Parameter                 | Method    | Result      | RLs          | Test Date, Time, Analyst |
|---------------------------|-----------|-------------|--------------|--------------------------|
| NICKEL                    | EPA 200.8 | ND mg/l     | 0.00400 mg/l | 01/26/09 11:04AM GJH     |
| ZINC                      | EPA 200.8 | 0.0154 mg/l | 0.0100 mg/l  | 01/26/09 11:04AM GJH     |
| BIOCHEMICAL OXYGEN DEMAND | SM 5210B  | ND mg/l     | 2.58 mg/l    | 01/22/09 04:52PM LS      |
| TOTAL SUSPENDED SOLIDS    | SM 2540D  | 9.60 mg/l   | 2.00 mg/l    | 01/23/09 09:30AM GLE     |

A result of "ND" indicates the concentration of the analyte tested was either not detected or below the RLs.  
All analysis, except field tests are conducted in Southampton, PA unless otherwise identified.  
The test "pH lab" is analyzed upon receipt in the laboratory, the result will not be suitable for regulatory purposes.  
Actual times of analysis for parameters reported <24 hrs are available upon request. All testing is completed within the required holding time unless otherwise noted.  
Definitions: ND=not detected; NEG=negative; POS=positive; COL=colonies; RLs=Laboratory reporting limits; L/A=laboratory incident; TNTC=too numerous to count.  
A result marked with "DRY" indicates that the result was calculated and reported on a dry weight basis.  
QC NELAP ID's: PA 09-00131, NJ PA166, FL E87954, NY 11223, CT PH-0768, DE PA-018, KY 90228, MD 206, EPA PA00018. Bioassay: PA 09-03574, NJ 034, FL E87953, KS E10373, SC 89020001.  
QC STATE ID's: Wind Gap, NJ PA001, PA 48-01334; E RUTHERFORD NJ02015; Vineland NJ06005; Reading PA 06-03543.  
All samples are collected as "grab" samples unless otherwise identified.  
MCL= is the EPA recommended "maximum contaminant level" for a parameter, PLs=customer specific permit limits.  
Regulatory authorities are assessing substantial fines for testing omissions. Please track your sample collections and results on a weekly, monthly, or quarterly basis to ensure compliance. QC's internet program 'LIVE ACCESS' will provide you with real-time access to collection dates and results. Please contact Customer Service for further information on acquiring LIVE ACCESS.

Serial Number: 1071196

*Thomas J. Hines*  
Thomas J. Hines, President

1205 Industrial Blvd., P.O. Box 514, Southampton, PA 18966-0514 Phone: 215-355-3900 Fax: 215-355-7231 www.qclaboratories.com

Water Reading

1/1/09 32157100

1/1/09 1066220

1/31/09 32323500

1/31/09 1070220

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 166,500

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 4000

166,500 Less 5% For EVAPORATION = 158,175

158,175

- 4,000 (DOMESTIC)

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154,175 (INDUSTRIAL)

[illegible]